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Bib Data Sheet

CONFIRMATION NO. 4819

|                                    |                                                           |                     |                               |                                       |
|------------------------------------|-----------------------------------------------------------|---------------------|-------------------------------|---------------------------------------|
| <b>SERIAL NUMBER</b><br>10/828,383 | <b>FILING OR 371(c) DATE</b><br>04/20/2004<br><b>RULE</b> | <b>CLASS</b><br>235 | <b>GROUP ART UNIT</b><br>2876 | <b>ATTORNEY DOCKET NO.</b><br>C4-1197 |
|------------------------------------|-----------------------------------------------------------|---------------------|-------------------------------|---------------------------------------|

## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

yes kot

This appln claims benefit of 60/474,376 05/30/2003

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None. kot

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

06/29/2004

|                                                                                                                                                     |                        |                     |                    |                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no                                                     | STATE OR COUNTRY<br>FL | SHEETS DRAWING<br>2 | TOTAL CLAIMS<br>20 | INDEPENDENT CLAIMS<br>4 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                        |                     |                    |                         |
| Verified and Acknowledged<br>Examiner's Signature <u>[Signature]</u> Initials <u>[Initials]</u>                                                     |                        |                     |                    |                         |

## ADDRESS

26799

## TITLE

People counting system for facility-wide reporting

|                                    |                                                                                                                   |                                                                                                                                                                                                                                                                                 |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>FILING FEE RECEIVED</b><br>1106 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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